



FH  
[REDACTED]

**STATE OF WISCONSIN  
Division of Hearings and Appeals**

---

In the Matter of

[REDACTED]

DECISION

FOO/145111

---

**PRELIMINARY RECITALS**

Pursuant to a petition filed November 7, 2012, under Wis. Admin. Code § HA 3.03(1), to review a decision by the Racine County Department of Human Services in regard to FoodShare benefits (FS), a hearing was held on December 4, 2012, at Racine, Wisconsin.

The issue for determination is whether the agency properly denied petitioner's application for FoodShare (FS) benefits for failure to timely submit a signature page for his application.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street  
Madison, Wisconsin 53703

By: Kathy Christman, Lead FEP  
Racine County Department of Human Services  
1717 Taylor Ave  
Racine, WI 53403-2497

**ADMINISTRATIVE LAW JUDGE:**

Michael A. Greene  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Racine County.
2. Petitioner requested FoodShare (FS) benefits by telephone on August 24, 2012.

3. On August 27, 2012, the agency sent petitioner a Notice of Action and Proof Needed requesting verification of several items and requesting a signed signature page (Exhibit 1). The signature page for FS was due September 24, 2012.
4. On September 6, 2012, the agency sent petitioner a Notice of Action advising him that his application for FS benefits would be denied due to failure to provide a completed signature page for his application (Exhibit 2).
5. Petitioner did not return the completed signature page until October 25, 2012 (Exhibit 4).

### **DISCUSSION**

FoodShare (FS) is a joint federal-state program that is intended to improve the overall health of lower-income households by enhancing their access to food. The FS application is required to contain a statement to the effect that the information being provided by the applicant is true which is to be signed by the applicant under penalties of perjury, 7 CFR §273.2(b)(1)(iii) and (iv).

Once the application process has been initiated, the agency has 30 days to complete processing. To determine eligibility, the application must be signed, the household representative must be interviewed and certain information must be verified, 7 CFR §273.2(d)(1). If the agency cannot take action by the 30<sup>th</sup> day due to the fault of the household, the household loses its entitlement to FS benefits for the month of application but may preserve the existing application by taking action within the next 30 days, 7 CFR §273.2(h)(2)(i). Other than sending a denial, the agency need not take any additional action if the household has not complied within 60 days of the application, 7 CFR §273.2(h)(2)(i)(A).

In the present case, petitioner's application was lacking a signature page without which the agency could not process the application further. The delay in processing was due to the petitioner's failure to take action. The signature page was not received until 62 days after the original application had been filed. This is sufficient to uphold the agency's denial of the application.

### **CONCLUSIONS OF LAW**

The agency correctly denied petitioner's application for FS benefits when he failed to provide a valid signature page.

**THEREFORE, it is**

### **ORDERED**

That the petition for review herein be and hereby is dismissed.

### **REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as

"PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

## **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

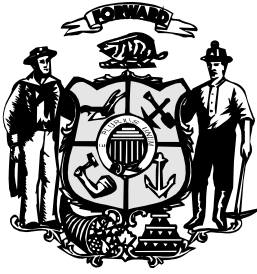
For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 4th day of January, 2013

---

\sMichael A. Greene  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

David H. Schwarz  
Suite 201  
5005 University Avenue  
Madison, WI 53705-5400

Telephone: (608) 266-3096  
FAX: (608) 264-9885  
email: [DHAmail@wisconsin.gov](mailto:DHAmail@wisconsin.gov)  
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on January 4, 2013.

Racine County Department of Human Services  
Division of Health Care Access and Accountability